

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-754-800**
APPLICANT(S)

FILING DATE **01-09-04**

8-17-06 CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1				1	
2		1				1
3		1				1
4		2				2
5		3				3
6		①				①
7		③				③
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50						
TOTAL IND.	1				1	
TOTAL DEP.		1				1
TOTAL CLAIMS	10				11	

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